

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 216
178Registered No. 27

1. PLACE OF BIRTH

County Gila State ArizonaDistrict or Township _____ or Village P.O. Box 499-City Miami No. 1024 Mara Ave. St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child David Donald Mellen } If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY } 4. Twin, triplet or other _____
in event of plural } 5. No., in order of birth _____
births. } 6. Legitimate? yes 7. Date Jan. 17-1930.
of birth Month Day Year

8. FATHER 14. MOTHER

Full name William Henry Mellen Full maiden name Harriet Millington9. Residence (Usual place of abode) Miami, 15. Residence (Usual place of abode) Miami,If non-resident, give place and state. Arizona. If non-resident, give place and state. Arizona.10. Color or race Cauc. 16. Color or race Cauc.11. Age at last birthday 37 (Years) 17. Age at last birthday 27 (Years)12. Birthplace (city or place) Burnley, 18. Birthplace (city or place) Burnley,(State or country) England (State or country) England

13. Occupation 19. Occupation

Nature of Industry Wood hauling Nature of Industry Housewife20. Number of children of this mother 4 } (a) Born alive and now living 4 21. Were precautions taken against oph-(Taken as of time of birth of child herein } (b) Born alive but now dead 0 thalmia neonatorum? yescertified and including this child.) } (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9-10 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Loyd M. Brown M.D.Physician

(Physician or midwife.)

Given name added from _____ Address Miami, Arizona

Month, day, year _____

Filed Jan 20, 1930Registrar. B. E. Brown Registrar.

445-117-8115

CHECK IN ORDER OF DATES SEARCHED.